

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 582409

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4						
5		1				
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16						
17		1				
18	1		1			
19		1		1		
20		1		1		
21		1				
22						
23	1		1			
24		1	1			
25						
26	2		1			
27	2					
28	1		1			
29	1					
30	1					
31	1					
32	1					
33	1		1			
34	1					
35	2					
36	1					
37	1					
38	1					
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48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.		33				
TOTAL CLAIMS		38				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				5		
TOTAL DEP.			33			
TOTAL CLAIMS		38				